

# Chiropractic Intake Form

Full Name:	Date:		
Contact No:	Age:		
Address:	City:	Postal Code:	
Date of Birth: (DD/MM/YY)	Male/Female	Email:	
Employer:	Occupation:		
Extended health Insurance Provider:			
Family Doctor Name	Number:		
Date of last Doctor Visit:	Reason:		
Is your condition due to:	Car Accident	Workplace Injury?	Personal Injury?
Date of Injury	Any Medications?		
Are you currently seeing any other practitioners for your injury?			
Any previous surgeries or relevant medical history:			
Womens Health: Are you currently pregnant?			
Have you ever seen?	Chiropractic	Massage Therapy	Physiotherapy Shockwave Acupuncture
How did you hear about this clinic?			
Emergency contact name:	Phone number:		

Privacy Policy: Personal health information is collected at Managed at Inklein Health Clinic in accordance with the Personal Health Information Protection Act (PHIPA). For more information please ask your health care provider or go to [www.ipc.on.ca](http://www.ipc.on.ca)

Cancellation Policy: We appreciate 24 hours advance notice for any cancellations and reserve the right to charge a cancellation fee if not adhered to

❖ I hereby confirm that all information I have supplied is accurate and complete.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please X the box for any conditions or symptoms presently causing you problems. Please check the box for those conditions or symptoms that you have had in the past

**General Symptoms**

- Loss of consciousness
- Blackouts
- Headaches
- Fever
- Excess sweating
- Night Sweats
- Loss of weight
- Night pain
- Generalized pain
- Nervousness
- Convulsion
- Loss of sleep

**Neurologic**

- Dizziness
- Fainting
- Problems speaking
- Problems swallowing
- Blurred vision
- Double vision
- nausea
- Clumsiness
- Numbness or tingling

**Muscles and Joints**

- Sore/stiff neck
- Mid back ache
- Low back ache
- Painful tailbone
- Shoulder pain
- Arm/forearm pain
- Elbow pain
- Wrist/hand pain
- Hip pain
- Knee pain
- Ankle/foot trouble
- Arthritis
- Loss of strength

**Eyes/Ears/Nose/Throat**

- Failing vision
- Eye pain
- Failing hearing
- Earache
- Ring/buzz in ears
- Frequent colds

- Sinus infection
- Enlarged Thyroid

**Respiratory**

- Asthma
- Chronic Cough
- Spitting of phlegm
- Splitting up blood
- Difficulty breathing

**Cardiovascular**

- Bleeding disorder
- High blood pressure
- Chest pain
- Stroke
- Hardening of arteries
- Varicose veins
- Swelling of ankles
- Poor circulation

**Heart/blood disease**

- Angina
- Genitourinary
- Trouble urinating
- Blood in urine
- Kidney infection
- Bedwetting
- Prostate trouble

**GU for women**

- Painful menstruation
- Excessive flow
- Hot flashes
- Irregular/absent cycle
- Cramping/backache
- Vaginal discharge
- Swollen breast
- Lump in breast

Currently are you on birth control pills/patch

yes no

Previously on birth control pills/patch

yes no

# of pregnancies \_\_\_\_

# of children \_\_\_\_

**Skin**

- Rashes/itching
- Bruise easy
- Dryness
- Boils
- Hives (allergies)

**Gastrointestinal**

- Poor appetite
- Indigestion
- Excess hunger
- Belching or gas
- Vomiting
- Pain over stomach
- Constipation
- Diarrhea
- Hemorrhoids
- Jaundice
- Gall bladder trouble
- Intestinal worms
- Ulcer
- Diabetes

Have you ever had any fractures?

yes no

If yes - where?

Do you have a pacemaker?

yes no

Have you ever been in a car accident?

yes no

If yes - when? \_\_\_\_\_

Have you ever been hospitalized?

yes no

Why/When? \_\_\_\_\_

Are you currently a smoker?

yes no

How much? \_\_\_\_\_

Did you smoke previously?

yes no

How much? \_\_\_\_\_

Have you ever been diagnosed:

With cancer? yes no

With aids? yes no

with HIV? yes no

## Consent to Chiropractic Treatment

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

### Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

### Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- **Temporary worsening of symptoms** - Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn** - Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- **Sprain or strain** - Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib fracture** - While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc** - Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

- **Stroke** - Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.  
Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

**Alternatives**

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

**Questions or Concerns**

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor’s attention. If you are not comfortable, you may stop treatment at any time.

**Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.**

**DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

Name (Please Print)

Signature of patient (or legal guardian)

Date:

Signature of Chiropractor

Date:

## **Informed Consent for Acupuncture Care**

It is important for you to consider the benefits and risks and alternatives to the acupuncture treatment offered by your chiropractor and to make an informed decision about proceeding with treatment.

Acupuncture involves the insertion of small sterilized needles into specific locations on the skin surface. Other procedures related to acupuncture include moxibustion, cupping and electroacupuncture.

### **Benefits**

Acupuncture and procedures related to acupuncture have been demonstrated to be a safe and effective form of treatment for a range of conditions including musculoskeletal complaints and pain.

### **Risks**

The risks associated with acupuncture include minor bleeding and bruising, temporary pain and soreness, nausea, fainting, burns, infection, shock, convulsions, pneumothorax, perforation of internal organs, and stuck or bent needles.

### **Please inform the chiropractor if you:**

- Have or develop any major health issues
- Are pregnant or actively trying to be
- Have been fitted for a pacemaker or other electrical implants
- Have damaged heart valves or have a high risk of infection
- Suffer from metal allergies
- Are Immune compromised
- Have a bleeding disorder or take anticoagulants
- Have had prosthetic implants

Only sterile single use disposable needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

### **Pregnancy**

The use of certain acupuncture points and treatment techniques may not be recommended during pregnancy. Advise your chiropractor if you are pregnant or actively trying to be.

### **Alternatives**

Alternatives to acupuncture treatment may include rest, exercise, other modalities or consulting other health professionals.

### **Questions or Concerns**

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time. Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

**DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

**I hereby acknowledge that I have read this form and discussed with the chiropractor the assessment of my condition and the treatment plan. I Understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to acupuncture treatment as proposed to me.**

Name (Please Print) \_\_\_\_\_ Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chiropractor \_\_\_\_\_ Date \_\_\_\_\_



Inklein Health Clinic is a multidisciplinary clinic, which offers a wide array of potential care for all of your health concerns. If you would like to find out more about what your personal health insurance covers, please let us know and our staff will call for you to find out.

Insurance Company: \_\_\_\_\_

Service	Coverage Amount	% Coverage	Max per Treatment	Dr. Note
Physiotherapy				
Acupuncture				
Chiropractic				
Naturopath				
Massage				
Psychotherapy				
Orthotics				
Compression Hosiery				

Year End: \_\_\_\_\_

Spousal Secondary Coverage? \_\_\_\_\_